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EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SIBLEY REAL ESTATE GROUP, LIC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHARON M SIBLEY (Name of Person)
SIBLEY RIAL ESTATE GROUP, LLC (Firm/Company)  10959 DYLAN LONEN CIRCLE, SVITE B (Address)
10959 DYLAN LOPEN CIRCLE, SVITE B
OFLANDO F 32825 (City/State and Zip Code)
For further information concerning this matter, please call:
SHARONM SIBLEY (Name of Person)  at (407) 275-3212  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status &  Ce

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY DE DIVISION DE

#### ARTICLES OF AMENDMENT TO

### 07 DEC 31 PM 3: 17

## ARTICLES OF ORGANIZATION OF

SIBLEY REML E (Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	s'on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	1/23/07 and assigned
Florida document number <u>L070001173</u>	78	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register  I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	t and agree to act in this cand complete performance agent as provided for in Cred office address, I hereby	of my duties, and I am familiar with and hapter 608, F.S. Or, if this document is
	(If Changing Degistered Ag	Signature of New Designatured Agents

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
ncr	MICHAEL LAWRENCE SIBLE	9 4127 NAPA CT ORLANDO, FL 32817	Add Remove
			— □ Add
			Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amen	ding any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	<del></del>
. —			<del></del>
_			<del>_</del> :
Dated /	2/27/07		_
	Signature of a member o	r authorized representative of a member  V. M. S. BLEY	<del></del>
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00